2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000003035

FILED Feb 21, 2006 8:00 am Secretary of State

01-20-2006 90027 025 ***150.00

PORT STANLEY, INC. Principal Place of Business Mating Address 159 HONEYSUCKLE DR 159 HONEYSUCKLE DR **LIPITER, FL. 33468** JUPITER FL 33468 66001887 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #. etc. CR2E034 (11/05) City & State City & State 4. FEI Number Applied For X Not Applicable Zio Country Country \$8.75 Additional Fee Required Zin 5. Certificate of Status Desired 6. Hame and Address of Current Registered Agent 7. Hame and Address of New Registered Agent Name WILCOX ROBERT A Street Address (P.O. Box Number is Not Acceptable) 159 HONEYSUCKLE DR JUPITER, FL 33468 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered egent, or both, in the State of Ronda. I am familiar with, and accept the obligations of registered agent. SIGNATURE. (NOTE: Repaired Apple son DATE \$5.00 May Be 9. Election Campaign Financing FILE NOWE! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Number Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. n ITILE Octor TITLE ☐ Change ☐ Addition RUME RIGGINS, EDWARD D MALE 159 HONEYSUCKLE DR STREET ADDRESS When 07Y-ST-2P JUPITER, FL 33468 CITY-ST-ZP Addition ms nn s ☐ Detetr Cance NAME WILCOX, ROBERT A HWE STREET ADDRESS 150 HONEYSUCKLE DR STREET ACCURESS ACTI VATE JUPITER, FL 33468 0111-51-2P CITY-SI-78 TILE ☐ Deteta σπF Change ☐ Addition NAME NAME STREET ACCIONS STREET ADORESS CTY-57-7P 201Y-57-7P Determ ☐ Cargo Addition 6 STREET ACCRESS STREET ADDRESS CTY-51-20 OTY-57-29 TITLE O Octor TITLE 🗌 िकक् ☐ Addition NAME: (CLLS STREET ADDRESS SUBSET ADDRESS CTY-57-29 CTY-51-2P ☐ Deleta Creation Addition NVME SUBSET ADDRESS STREET ACCRESS CTTY-SI-ZP · CTTY-ST-ZP 12. Thereby certify that the information supplied with this filing does not quality for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under ooth; that I am an officer or director of the corporation or the receiver or insteed empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all others.

SIGNATURE:

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FLORIDA DEPARTMENT OF STATE **Division of Corporations**

January 25, 2006

PORT STANLEY, INC. 159 HONEYSUCKLE DR **JUPITER, FL 33468**

Subject: PORT STANLEY, INC.

Reference Number: P0500003035

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report has not been filed and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/JE ANNUAL REPORTS SECTION